Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	07/24/2014	Street:	Alley of 6 th St. & Rodchester Ave.	
Incident #:	14ISPC006148	Apt, Lot, Room #: N/A		
County :	Delaware	City:	Muncie	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
<u>Items Found: Location</u> (bedroom, kitchen, open air, etc) (check all that apply)				
 □ One Pot or Birch Reaction(s): □ Red Phosphorous/Iodine Reaction(s): □ Hydrochloric Acid Gas Generator(s): □ Flammable Solvents: □ Water Reactive Metal (Lithium): 		Corros Ammo	Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):	
Child under	age 18 discovered (check appropriate)			
No	(number present) not present but evidence they reside	□ uncleate □ uncleate	length of time manufacturing had been	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Health Depar	ent: Muncie FD (765) 747-4870 tment County: Delaware County of Child Services Hotline: dcshotlinerer		<u>55) 747-7747</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Thomas Harbison Phone (765) 778-2121				
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.				